U.S. SMALL BUSINESS ADMINISTRATION

REQUEST FOR COUNSELING

E. STREET F. CITY G. STATE H. COUNTY I. ZIP J. TAX IDENTIFICATION NO. K. TYPE OF RISINESS 1. Pate1 4. Manufacturing 1. Male 1. Male 1. Weteren 2. Service 5. Construction 2. Service 5. Construction 2. Service 5. Construction 2. Male/Numbel 3. Male/Numb	A. NAME OF COMPANY		B. YOUR	NAME (Last, F	irst, Middle)		C. SOCIAL SEC		CURITY NO.	D. TELEPHONE (H) (B)	
1Retail	E. STREET	F. CITY		G. STATE		H. COUNTY	I. ZIP		J. TAX IDENTI	FICATION NO.	
2 Service 5 Construction 2 Penale 3 Male/Female 3 Molecale 6 Not in Business 3 Male/Female 3 Male/Female 3 Male/Female 3 Male/Female 3 Male/Female 3 Male/Female 3 Face:	K. TYPE OF BUSINESS			•	L. E	BUS. OWNSHP./GEN	IDER	M. V	ETERAN STATUS		
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FOR USE OF THE SMALL BUISNESS ADMINISTRATION	SCORE, SBDC and its hos	organiza	ations, S	BBI, and other	SBA R	esource Counsel	ors arisi	ng fr	om this assista	nce.	
	SIGNATURE AND TITLE OF REQUESTER								DATE		
			FOR	USE OF THE SM	ALL BU	JISNESS ADMINIST	TRATION		L.		
	RESOURCE							STRICT			

- A.Reflects the full name of the Company/Business owned. Leave blank if you are not yet in business.
- B.Name. If partnership or corporation, enter only one name.
- C.Social Security number of the person requesting counseling.
- D.through I. Complete as indicated.
- J.Tax identification number (usually issued by state or other jurisdiction of business operation) of the person requesting counseling.
- K.Reflects the client's PRIMARY business.
- L.Complete as indicated. (Check only one) If in business, this box refers to owner of business. If going into business this box refers to the applicant's gender. If joint ownership, #3 refers to male and female joint ownership.
- ${\tt M.Complete} \ {\tt as indicated.} \ ({\tt Check \ all \ that \ apply})$
- N.Complete as indicated. (Requires multiple answers)
- O.Req ui res two answers. Select one answer for RACE and one answer for ETHNICITY.
- P.Complete as indicated. (Narrative answer required)
- Q.Complete as indicated. (Requires multiple answers)
- R.Complete as indicated.

- S.To be completed by counselor. (Check all that apply) Q2. Applicant refers to applicants for SBA financial assistance. Q4. CCC refers to applicants who have applied for Certificate of Competence
- T.Determine the area for which you will provide assistance. (Check only one)

PLEASE NOTE: The estimated burden hours for the completion of this form is 7 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief Administrative Information Branch, U.S. Small Business Administration, Washington, D.C. 20416 and GaryWaxman, Clearance Officer, Paperwork Reduction Project (3245 -0096~, Office of Management and Budget, Washington, D.C. 20602

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